

SkillsUSA Missouri District Championships Special Needs Request

NOTE: You will need to send this form with the Registration

If you are registering a contestant who has a physical disability that will require the assistance of another person at the orientation meeting and during the competition, please complete the information below and submit this form with the official contestant registration form.

Contestant Name: _____ Contest _____

School Name: _____

Assistance required: _____

Assistant Name: _____

Is the assistant an Instructor? ____ If Yes, in what Training Program?

List any other special services that would be required _____

Date _____

Local school Administrator's signature